

David Bendor, Psy.D.

SUBJECT MATTER: Public Health Related Bills

***H.B. No. 5046 (COMM) AN ACT ADOPTING THE INTERSTATE MEDICAL LICENSURE COMPACT AND PSYCHOLOGY INTERJURISDICTIONAL COMPACT.**

Thank you, members of the Public Health Committee, for giving me the time to share my testimony. My name is Dr. David Bendor. I am a licensed clinical psychologist working at the Institute of Living here in Hartford and I maintain a private practice in West Hartford center. At the Institute I am the clinical coordinator of an intensive mental health program that exclusively treats young adults with co-occurring mental health and physical health problems. In my private practice I treat a significant number of young adults. One of the very few silver linings of the COVID pandemic is how many of us in mental health learned how to use technology to actually increase patient access. Nearly two years ago, when COVID essentially shut down Connecticut, we quickly converted our treatment modalities from the typical in-person, on-site treatment to entirely virtual. Mental health providers have been impressed by the efficacy of telemedicine and one cannot argue that telemedicine allows us to reach patients, and treat patients, whom we would have never been able to reach otherwise. Many of the individuals I work with I meet during their high school years. A lot of our work, in addition to addressing psychiatric symptoms, is focused on helping these young people become more equipped to “do life.” Many of these young people face myriad hurdles that must be identified, addressed, and conquered before they or their families could even comprehend taking on a first job after high school, or after college, or attending college, or attending graduate school. We work intensively and openly in a highly collaborative way to enhance their sense of mastery, competence, and confidence. Many of these young people travel out of state for these significant experiences and until recently, that would mean an often-abrupt end, or termination, of our therapeutic work and our therapeutic relationship. However, now that we have a service such as PSYPACT, we would be afforded the opportunity, if all parties wished, to continue our work together, to maintain that “continuity of care,” so we could continue supporting, treating and validating our patients when they are in their new, potentially intimidating environments. Our vulnerable patients face enough challenges packing up their homes, relocating, and starting out in new places with no friends, no colleagues, and no familiar places identified to decompress in. Unnecessarily forcing them to terminate with their therapists, whom they and their parents will say played a key role in bringing them to the very point that made these significant life changes possible is, in my opinion, cruel. Joining PSYPACT would allow licensed psychologists and their patients to avoid such unnecessary loss of support. I am quite confident that providers, the individuals they treat, and their families would be tremendously grateful if their care were not interrupted.